

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

13

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

Enrique

MI
M.

NICKNAME

LAST

Barrera

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

6435 Buena Vista, San Antonio, TX
78237

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

Leticia

MI

NICKNAME

LAST

Barrera

SUFFIX

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

6435 Buena Vista, San Antonio TX 78237

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 432-2431

8 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign treasurer appointment (officeholder only)



July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year

7 / 1 / 01

THROUGH

Month Day Year

12 / 31 / 01

10 ELECTION

ELECTION DATE

Month Day Year

/ /

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

City Council District 6

12 OFFICE SOUGHT (if known)

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2002 JAN 16 P 4:51

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Enrique M. Barrera

15 ACCOUNT # (Ethics Commission files)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

-- This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 3,246.70

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 141.40

4. TOTAL POLITICAL EXPENDITURES

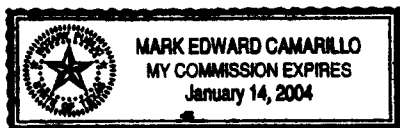
\$ 7,560.14

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Enrique Barrera, this the 16th day of Jan, 20 02, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

Mark Edward Camarillo

Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

RECEIVED (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
CITY OF SAN ANTONIO
CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2

2 FILER NAME

Enrique M. Barrera

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/1/01

5 Full name of contributor ☐ out-of-state PAC (ID#)

Douglas C. Beach

6 Contributor address; City; State; Zip Code

217 Alamo Plaza SAT 78205

7 Amount of contribution (\$)

500-

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8/7/01

Full name of contributor ☐ out-of-state PAC (ID#)

Edward Torres

Contributor address; City; State; Zip Code

2727 Trelle Creek Apt 225
SAT 78250

Amount of contribution (\$)

500-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

SA Realtors

Contributor address; City; State; Zip Code

9110 IH 10 W SAT 78230

Amount of contribution (\$)

750-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Frank Sepulveda

Contributor address; City; State; Zip Code

Amount of contribution (\$)

300-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC (ID#)

Jimmy Jimenez

Contributor address; City; State; Zip Code

Amount of contribution (\$)

240-

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

RECEIVED (FOR FORMS C/OH, C/OH-SS, SC-C/OH,
CITY OF SAN ANTONIO SC-SPAC, SPAC, & SPAC-SS)
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2

2 FILER NAME

Enrique M. Barrera

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

E. Koplow

7 Amount of
contribution (\$)

500

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

SBC (Southwestern Bell Comm.)

Amount of
contribution (\$)

456⁷⁰

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9

2 FILER NAME

Enrique M. Barrera

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/9/01

5 Payee name

Luby's

6 Payee address; City; State; Zip Code

Lao Palmas Shopping Center, SAT

7 Amount (\$)

77.65

8 Purpose of payment (See instructions regarding type of information required.)

food for community group meeting

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

7/12/01

Payee name

Mina + Dimis Restaurant

Payee address; City; State; Zip Code

7159 W Hwy 90 SAT 78227

Amount (\$)

420.69

Purpose of payment (See instructions regarding type of information required.)

food for campaign fundraiser

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

7/12/01

Payee name

Best Little Warehouse in Texas

Payee address; City; State; Zip Code

2410 SW Loop 410 SAT 78227

Amount (\$)

307.50

Purpose of payment (See instructions regarding type of information required.)

storage

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

7/6/01

Payee name

Daniel Ortiz

Payee address; City; State; Zip Code

5915 Westcliff SAT 78227

Amount (\$)

61.45

Purpose of payment (See instructions regarding type of information required.)

Reimb. for bulk rate mail
TX Party

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

Total pages Schedule F: **9****2 FILER NAME****Enrique M. Barrera**

2002 JAN 16

P 1851

3 ACCOUNT # (Ethics Commission filers)**4 Date****7/12/01****5 Payee name****Joe Frank Picazo****6 Payee address; City; State; Zip Code****7806 Van Ness SAT 78251****7****Amount (\$)****97-****8 Purpose of payment** (See instructions regarding type of information required.)**Reimb - food, drinks, etc.****9****-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

Date**7/12/01****Payee name****Ricardo Silva****Payee address; City; State; Zip Code****Amount (\$)****200-****Purpose of payment** (See instructions regarding type of information required.)**more for campaign****-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

Date**7/14/01****Payee name****Mario's****Payee address; City; State; Zip Code****4841 Fredericksburg Rd., SAT 78216****Amount (\$)****404²⁰****Purpose of payment** (See instructions regarding type of information required.)**food for campaign****-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

Date**7/19/01****Payee name****Joe Frank Picazo****Payee address; City; State; Zip Code****7806 Van Ness SAT 78251****Amount (\$)****71-****Purpose of payment** (See instructions regarding type of information required.)**Reimb - for meals****-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2002 JAN 16 PM 4:51 1 Total pages Schedule F: 9

2 FILER NAME

Enrique M. Barrera

3 ACCOUNT # (Ethics Commission filers)**4 Date**

7/19/01

5 Payee name

Jose Menendez Campaign

6 Payee address; City; State; Zip Code

1518 Townsend House SAT 78251

7 Amount (\$)

1000-

8 Purpose of payment (See instructions regarding type of information required.)

campaign contribution

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

7/31/01

Payee name

John F. Kennedy Band Booster Assn

Payee address; City; State; Zip Code~~XXXXXXXXXX~~**Amount (\$)**

400-

Purpose of payment (See instructions regarding type of information required.)

Donation uniforms

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8/1/01

Payee name

Southwestern Bell

Payee address; City; State; Zip Code

PO Box 4844 SAT 78205

Amount (\$)

171.94

Purpose of payment (See instructions regarding type of information required.)

Campaign office phone

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8/10/01

Payee name

Eric Lee Bake Shop

Payee address; City; State; Zip Code**Amount (\$)**

125-

Purpose of payment (See instructions regarding type of information required.)

staff going away party

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: 9

2 FILER NAME

Enrique M. Barrera

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/10/01

5 Payee name

Advance Video Productions

7 Amount (\$)

175-

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

staff going away party

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8/18/01

Payee name

Wal Mart

Amount (\$)

100-

Payee address; City; State; Zip Code

900 H. 410 & Military Dr.
SAT 78245

Purpose of payment (See instructions regarding type of information required.)

school supplies for constituents

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8/24/01

Payee name

Bolner's

Amount (\$)

56.07

Payee address; City; State; Zip Code

2900 S. Flores SAT 78204

Purpose of payment (See instructions regarding type of information required.)

food + drinks for mtg

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8/25/01

Payee name

Wolfe Nursery

Amount (\$)

177.82

Payee address; City; State; Zip Code

9455 W 114 10 SAT 78230

Purpose of payment (See instructions regarding type of information required.)

plants

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

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CITY CLERK

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Total pages Schedule F: 9

2007 JAN 16 PM 1:51

2 FILER NAME

Enrique M. Barrera

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/30/01

5 Payee name

Mario's

7 Amount (\$)

95.17

6 Payee address; City; State; Zip Code

4841 Fredericksburg Rd SAT 78216

8 Purpose of payment (See instructions regarding type of information required.)

food for mtg

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8/30/01

Payee name

Mike De Nuccio

Amount (\$)

91.84

Payee address; City; State; Zip Code

8711 Cinnamon Creek SAT 78240

Purpose of payment (See instructions regarding type of information required.)

thank you party for staff

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8/31/01

Payee name

ALCO

Amount (\$)

64.73

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

contribution

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8/30/01

Payee name

Our Lady of the Lake University

Amount (\$)

383.16

Payee address; City; State; Zip Code

411 SW 24th St. SAT 78207

Purpose of payment (See instructions regarding type of information required.)

paint supplies

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

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CITY OF SAN ANTONIO
CITY CLERK

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1 Total pages Schedule F: 9

2 FILER NAME

Enrique M. Barrera

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/30/01

5 Payee name

Daniel Ortiz

7 Amount (\$)

51.14

6 Payee address; City; State; Zip Code

5915 Westcliff SAT 78227

8 Purpose of payment (See instructions regarding type of information required.)

cell phone

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

9/7/01

Payee name

Leticia B. Wedgeworth

Amount (\$)

75-

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

cleaning office

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

9/7/01

Payee name

K Mart

Amount (\$)

49.05

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

equipment for office

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

9/8/01

Payee name

Joe Frank Picazo

Amount (\$)

109.65

Payee address; City; State; Zip Code

7806 Van Ness SAT 78251

Purpose of payment (See instructions regarding type of information required.)

Reimb for food for mtg

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

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CITY OF SAN ANTONIO
CITY CLERK

Total pages Schedule F:

9

2 FILER NAME

Enrique M. Barrera

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/8/01

5 Payee name

Mina + Dimis Greek House

6 Payee address; City; State; Zip Code

7159 W HWY 90 SAT 78227

7 Amount (\$)

107 ⁸⁷

8 Purpose of payment (See instructions regarding type of information required.)

food for office

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

9/8/01

Payee name

Mario's

Payee address; City; State; Zip Code

4841 Fredericksburg Rd. SAT 78229

Amount (\$)

65 -

Purpose of payment (See instructions regarding type of information required.)

food for mtg

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

9/11/01

Payee name

Sign Language

Payee address; City; State; Zip Code

Amount (\$)

88 -

Purpose of payment (See instructions regarding type of information required.)

Donation: Dancing Belles

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

9/16/01

Payee name

HEB

Payee address; City; State; Zip Code

8231 Marbach Rd SAT 78201

Amount (\$)

61 ⁸¹

Purpose of payment (See instructions regarding type of information required.)

food + drinks

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

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CITY OF SAN ANTONIO
CITY CLERK

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2002 JAN 16 P 4:51

1 Total pages Schedule F:

9

2 FILER NAME

Enrique M. Barrera

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/24/01

5 Payee name

Don Jones

6 Payee address; City; State; Zip Code

7 Amount (\$)

500-

8 Purpose of payment (See instructions regarding type of information required.)

campaign services

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

10/28/01

Payee name

Sebastian Gallardo

Payee address; City; State; Zip Code

Amount (\$)

350-

Purpose of payment (See instructions regarding type of information required.)

deskfile cab + 3 chairs

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

10/30/01

Payee name

Laura Barberana

Payee address; City; State; Zip Code

Amount (\$)

270-

Purpose of payment (See instructions regarding type of information required.)

Design Newsletter

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

11/27/01

Payee name

~~XXXXXXXXXXXX~~

Payee address; City; State; Zip Code

152 Florencia

SAT 78228

Senior
Special
Events

Amount (\$)

100-

Purpose of payment (See instructions regarding type of information required.)

Donation

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

2002 JAN 16

1 Total pages Schedule F:

P 4: 52

9

2 FILER NAME

Enrique M. Barrera

3 ACCOUNT # (Ethics Commission filers)

4 Date

11/30/01

5 Payee name

Mario's

7 Amount (\$)

100-

6 Payee address; City; State; Zip Code

4841 Fredericksburg Rd, SAT, 78216

8 Purpose of payment (See instructions regarding type of information required.)

Food for mtg

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/28/01

Payee name

Jacqueline L Menarino

Amount (\$)

250

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

campaign services

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/29/01

Payee name

Mario's

Amount (\$)

82.05

Payee address; City; State; Zip Code

4841 Fredericksburg Rd, SAT 78216

Purpose of payment (See instructions regarding type of information required.)

Food for meeting

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

12/29/01

Payee name

Mike De Nuccio

Amount (\$)

728.00

Payee address; City; State; Zip Code

8711 Cinnamon Creek SAT 78240

Purpose of payment (See instructions regarding type of information required.)

Reimb. for Ads.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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